

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael Snyder

Application No.: 10/821,745

Group No.: 1615

Filed: 04/09/2004

Examiner: Ghali, Isis AD

For: SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND USING THE SAME

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

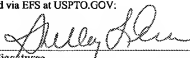
Fee: \$60.00

CERTIFICATION OF TRANSMISSION

I hereby certify that, on the date shown below, this correspondence is being filed via EFS at USPTO.GOV:

Date: 7-15-08

Signature


Shelley L. Eila
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA				RATE		ADDIT. FEE
TOTAL	1	–	20	=	0	x	\$ 25.00	=	\$ 0.00
INDEP.	1	–	3	=	0	x	\$ 105.00	=	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							+	\$	= \$ 0.00
								TOTAL ADDIT. FEE	\$ 0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$60.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

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